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AND CORRESPONDENCE ADDRESS INDICATION FORM**


I hereby revoke all previous powers of attorney given in the patent applications below.


Docket No.	Application No.	Filing Date	First Named Inventor
14267.3	10/778,805	13-Feb-2004	Robert H. Burgener, II
14267.4	10/849,332	19-May-2004	Robert H. Burgener, II
14267.5	10/849,347	19-May-2004	Robert H. Burgener, II
14267.6	10/849,345	19-May-2004	Robert H. Burgener, II
14267.7	10/849,348	19-May-2004	Robert H. Burgener, II
14267.8	11/165,848	17-Jun-2005	Robert H. Burgener, II
14267.10	11/165,847	17-Jun-2005	Robert H. Burgener, II
14267.12	11/156,264	17-Jun-2005	Robert H. Burgener, II

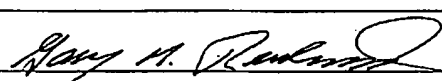
I hereby appoint the practitioners associated with **Customer Number 21999** as my attorney or agent to prosecute the above-referenced applications, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-referenced applications to the address associated with **Customer Number 21999**.

I confirm that I am the applicant/inventor for one or more of the above-referenced applications.

Signature		Date	10-5-06
Name	Robert H. Burgener, II	Telephone	269-1771

Signature		Date	10/5/06
Name	Roger L. Felix	Telephone	269 1771

Signature		Date	5 Oct. 2006
Name	Gary M. Renlund	Telephone	(800) 269-1771